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ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. _____

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

| | | | |
|---------------|------------------------------|-----|---------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number* in order of birth |
| <u>Female</u> | | | |

DATE OF BIRTH March 20, 1916
(Month) (Day) (Year)

FULL NAME Thomas Sampson Opie
FATHER

FULL NAME Anna Mc Brien
MOTHER

I HEREBY CERTIFY that the child described herein has
been named

Evelyn Halley Opie
(Give name in full) (Surname)

Mr. Thomas S. Opie
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

SM 6-1-38

565-320-945

MARGIN RESERVED FOR BINDING